



07/25/00

1c868 U.S. PTO

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

8449-123-999

Total Pages

249

First Named Inventor or Application Identifier

Pramod K. Srivastava

Express Mail Label No.

EL 501 633 351 US



07/25/00

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- |  |  |
|--|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/><i>Submit an original, and a duplicate for fee processing</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>85</u>]<br/>(83 specification + 2 Table of Contents)<br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>-Descriptive title of the Invention</li><li>-Cross Reference to Related Applications</li><li>-Statement Regarding Fed sponsored R&amp;D</li><li>-Reference to Microfiche Appendix</li><li>-Background of the Invention</li><li>-Brief Summary of the Invention</li><li>-Brief Description of the Drawings (if filed)</li><li>-Detailed Description of the Invention (including drawings, if filed)</li><li>-Claim(s)</li><li>-Abstract of the Disclosure</li></ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>81</u>]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total Sheets <u>2</u>]</p> <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 17 completed)<br/>[Note Box 5 below]</li><li>i. <input type="checkbox"/> <u>DELETION OF INVENTORS(S)</u><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).</li></ul> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)<br/>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all necessary)</p> <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Computer Readable Copy</li><li>b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input checked="" type="checkbox"/> Statement verifying identity of above copies</li></ul> |
|--|--|

**ACCOMPANYING APPLICATION PARTS**

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☒ Small Entity ☐ Statement filed in prior application, Statements(2) Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Other: Transmittal of Small Entity Statements

**17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: filed .**18. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label20583  
(Insert Customer No. or Attach bar code label here)or ☐ Correspondence address below

NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE

FAX

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

**PENNIE & EDMONDS** LLP  
 COUNSELLORS AT LAW  
 1155 Avenue of the Americas  
 New York, N.Y. 10036-2711  
 (212) 790-9090

ATTORNEY DOCKET NO. 8449-123-999Date: July 25, 2000

Assistant Commissioner for Patents  
 Box PATENT APPLICATION  
 Washington, D.C. 20231

Sir:

The following utility patent application is enclosed for filing:

Applicant(s): Pramod K. SrivastavaExecuted on: July 24, 2000Title of Invention: ALPHA (2) MACROGLOBULIN RECEPTOR AS A HEAT SHOCK PROTEIN RECEPTOR AND USES THEREOF**PATENT APPLICATION FEE VALUE**

TYPE	NO. FILED	LESS	EXTRA	EXTRA RATE	FEE
Total Claims	68	-20	48	\$18.00 each	\$ 864.00
Independent	18	-3	15	\$78.00 each	\$ 1,170.00
Minimum Fee					\$ 690.00
Multiple Dependency Fee If Applicable (\$260.00)					\$ 260.00
<b>Total</b>					\$ 2,984.00
50% Reduction for Independent Inventor, Nonprofit Organization or Small Business Concern (a verified statement as to the applicant's status is attached)					- \$ 1,492.00
<b>Total Filing Fee</b>					\$ 1,492.00

- ☐ Priority of application no. filed on in is claimed under 35 U.S.C. § 119.  
☐ The certified copy of the priority application has been filed in application no. filed  
☐ Amend the specification by inserting before the first line the following sentence: This is a continuation-in-part of application no. filed .

Please charge the required fee to Pennie & Edmonds LLP Deposit Account No. 16-1150. A copy of this sheet is enclosed.

Respectfully submitted,

Adriane M. Antler  
 PENNIE & EDMONDS LLP

32,605

(Reg. No.)

Enclosure

This form is not for use with continuation, divisional, re-issue, design or plant patent applications.

by Eileen G. Kallie  
 Reg No. 46097